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FEC MAIL CENTER

Virginia Family Values PAC P.O. Box 363 Strasburg, VA 22657

March 3, 2014

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Michael J. McLaughlin, Jr.

Treasurer

14031192791

FEC FORM

STATEMENT OF ORGANIZATION

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TORW T				EFECUMAIL CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
VIRGINIA FAMII	LY VALUES PA	/C	1111	
	P.O. BOX 363	<u> </u>		لسسبب
ADDRESS (number and street)	1.4.34.34			
(Check if address is changed)	STRASBURG	<u> </u>	VA	22657 _ 0363
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e		OPC	
(Check if address			ORG , ,	
is changed)	بسيسي			
COMMITTEE'S WEB PAGE AD			OPG	
(Check if address	[1] 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	MILYVALUES,	OŖĢ , ,	
is changed)				
2. DATE 03 / 3	2014			
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		,
I certify that I have examined to	his Statement and to the bes	t of my knowledge and belief	it is true, correc	t and complete.
Type or Print Name of Treasure	Michael J. M	lcLaughlin, Jr.		1
Signature of Treasurer	ming M	In for	Date D	7'03'2014
NOTE: Submission of false, erron		yay subject the personisigning		o the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commin Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)	Page 2					
TYPE OF COMMITTEE						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	·					
Candidate Office House Senate President	State District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Party Committee:	(Dama anakia					
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:					
Corporation Corporation w/o Capital Stock	Labor Organization					
Membership Organization Trade Association	Cooperativo					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate						
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
Committees Participating in J⊆int Fundraiser						
1.	arguerge and and and					
3. FEC ID number C						
4						

Page	3
raue	

Write or Type Committee Name)	
VIRGINIA FAMI	LY VALUES PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
4 1 1 1 1 1 1 1 1 1 1 1		.
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representa	r —`1
 Custodian of Recdeds: Ide books and records. 	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name Adam	M. Sharp	
Mailing Address	P.O. BOX 363	
		;
	STRASBURG	22657 0363
Title or Position	CITY STATE	ZIP CODE
Executive Direct	Or Telephone number	
Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name of Treasurer	ael J. McLaughlin, Jr.	
Mailing Address	P.O. BOX 363	
	STRASBURG VA	226570363
Title or Position Treasurer	Telephone number	

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Full Name of Designated Agent	ıAdam M, Şharp	
Mailing Address	[P.O. BOX 363	
	STRASBURG VA 22657,	
Title or Position	Director, Telephone number	لــــا-لــ
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a loxes or maintains funds. Depository, etc.	accounts, rents
	[BB&T , , , , , , , , , , , , , , , , , , ,	
Mailing Address	233 WYNDALE RD	
	ABINGDON VA [24210]	<u></u> -L
	CITY STATE Z	IP CODE
Name of Bank,	Depository, etc.	

CITY

ZIP CODE

STATE

14031192794

Mailing Address

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(8/2013)